

## ACKNOWLEDGEMENT OF NOTIFICATION HAZARDOUS WASTE ACTIVITY

06/04/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NYR000200626

INSTALLATION NAME:

**RIKERS ISLAND - NORTH INFIRMARY COMMAND** 

**INSTALLATION ADDRESS:** 

1500 HAZEN ST

EAST ELMHURST, NY 11370

MAILING ADDRESS:

1500 HAZEN ST

EAST ELMHURST, NY 11370

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: RIKERS ISLAND - NORTH INFIRMARY COMMAND

or Current Occupant

ATTN: LARRY LARGE

2125 MILL AVE

**BROOKLYN, NY 11234** 







OMB# 2050-0024: Expires 12/31/2014

	Expires 12/0 //2014		WIROMMENTAL PROTECTION		
SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Age AGENCY, REGION II  RCRA SUBTITLE C SITE IDENTIFICATION FORM  RCRA PROGRAMS  BRANCH				
Reason for Submittal	Reason for Submittal:  To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)				
MARK ALL BOX(ES) THAT APPLY	<ul> <li>□ To provide a Subsequent Notification (to update site identification information for this location)</li> <li>□ As a component of a First RCRA Hazardous Waste Part A Permit Application</li> <li>□ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)</li> </ul>				
	☐ Site was a TSD facility and	lous Waste Report (If marked, see sub-b d/or generator of <u>&gt;</u> 1,000 kg of hazardous us waste spill cleanup <u>in one or more mo</u>	ullet below) s waste, >1 kg of acute hazardous waste, o onths of the report year (or State equivalent		
2. Site EPA ID Number	EPA ID Number NYRD	00200626			
3. Site Name	Name: Rikers Island - North Infirmar	Name: Rikers Island - North Infirmary Command			
4. Site Location Information	Street Address: 1500 Hazen Street City, Town, or Village: Bronx		County: Bronx Queens		
	State: NY	Country: USA	Zip Code: 11370		
5. Site Land Type 6. NAICS Code(s) for the Site (at least 5-digit codes)		trict Federal Tribal ✓ 1   0	Municipal State Other		
	В	D			
7. Site Mailing	Street or P.O. Box: 1500 Hazen Street				
Address	City, Town, or Village:		· · · · · · · · · · · · · · · · · · ·		
	State: NY	Country: USA	Zip Code: 11370		
8. Site Contact Person	First Name: Larry	MI: Last: Large			
Cidon	Title: Project Manager	* *			
	Street or P.O. Box: 2125 Mill Avenue	)			
	City, Town or Village: Brooklyn	The second secon	on almost an in-		
	State: NY	Country: USA	Zip Code: 11234		
	Email: info@lanmarkgc.com				
	Phone: (347) 462-4000	Ext.:	Fax: (347) 462-4001  Date Became 1960		
9. Legal Owner and Operator	A. Name of Site's Legal Owner: NYC	Department of Correction	Owner: 1980 5/5/1933		
of the Site	Owner Type: Private County District Federal Tribal Municipal State Other				
	Street or P.O. Box: 75-20 Astoria Boulevard, Suite 160				
	City, Town, or Village: East Elmhurst	t	Phone: (718) 546-0689		
	State: NY	Country: USA	Zip Code: 11370		
	B. Name of Site's Operator: Lanmark Group, Inc.  Date Became Operator:				
	Operator       ✓       Private       County       District       Federal       Tribal       Municipal       State       Other				
EPA Form 8700-1: on 4/30,5 Pamided	2,8700-13 A/B, 8700-23 (Revised 12  4 5/14/13. Un 5/28/1 ornushy aperatr	2/2011) Rec 4/30/13. 3 Ms harze from h u dotte reufed 0	Called & markage of 4 andmark AS 15 46 4 segnature 173		

EPA ID Number		OMB#: 2050-0024; Expires 12/31/2014			
10. Type of Regulated Waste Activity (at your site) Mark "Yes" or "No" for all <u>current</u> activities (as of the date submitting the form); complete any additional boxes as instructed.					
A. Hazardous Waste Activities; Complete all parts 1-10.					
1. Generator of Hazardous Waste If "Yes", mark only one of the following − a, b, or c.  □ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or		Y N 5. Transporter of Hazardous Waste If "Yes", mark all that apply.  □ a. Transporter □ b. Transfer Facility (at your site)  Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous			
acc (22 ma	cumulates at any time, more than 100 kg/mo 20 lbs./mo) of acute hazardous spill cleanup terial.	waste Part B permit is required for these activities.  Y 7. Recycler of Hazardous Waste			
	0 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non- ute hazardous waste.				
ha:	ss than 100 kg/mo (220 lbs./mo) of non-acute zardous waste. er generator activities in 2-4.	N 8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.  a. Small Quantity On-site Burner Exemption			
Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.		b. Smelting, Melting, and Refining Furnace Exemption			
Y N ✓ 3. United States Im	porter of Hazardous Waste	Y N ✓ 9. Underground Injection Control			
Y N 4. Mixed Waste (hazardous and radioactive) Generator		Y N 10. Receives Hazardous Waste from Offsite			
B. Universal Waste Activities; Complete all parts 1-2.		C. Used Oil Activities; Complete all parts 1-4.			
Y N ✓ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.		Y N 1. Used Oil Transporter If "Yes", mark all that apply.  a. Transporter  b. Transfer Facility (at your site)			
d. Lamps e. Other (spe f. Other (spe	ontaining equipment  cify)  cify)  cify)	Y N 2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.  □ a. Processor □ b. Re-refiner  Y N 3. Off-Specification Used Oil Burner  Y N 4. Used Oil Fuel Marketer If "Yes", mark all that apply.			
	Facility for Universal Waste ardous waste permit may be required for this	a. Marketer Who Directs Shipment of Off- Specification Used Oil to Off- Specification Used Oil Burner  b. Marketer Who First Claims the Used Oil Meets the Specifications			

EPA ID NO	umber	·			CIVID	#. 2050-0024, Exp	iles 12/3 1/2014
		demic Entities with uant to 40 CFR Part	Laboratories—Notif 262 Subpart K	ication for opting in	ito or withdrawing f	rom managing labo	ratory hazardous
		n <b>ONLY</b> Opt into Sub	•				
•	you agre	are at least one of th	e following: a college or university; or a no				rmal affiliation iation agreement with
				e if 40 CFR Part 262	Subpart K is effective	e in your state	
Y NZ	<ul> <li>you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state</li> <li>1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:</li> </ul>						
		a. College or Univers	sity	2.	_		
		o. Teaching Hospital	that is owned by or h	nas a formal written a	ffiliation agreement w	vith a college or unive	ersity
		c. Non-profit Institute	e that is owned by or l	has a formal written a	affiliation agreement v	with a college or univer	ersity
Y	] 2. V	Vithdrawing from 40 (	CFR Part 262 Subpar	t K for the managem	ent of hazardous was	stes in laboratories	
11. Descri	iption (	of Hazardous Waste	•				
your s	Codes ite. Lis s are n	t them in the order th	ulated Hazardous Waney are presented in t	astes. Please list the regulations (e.g.,	e waste codes of the D001, D003, F007, U	Federal hazardous w J112). Use an additio	vastes handled at onal page if more
D008	3						
					i.		
	<del></del>						
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.							
			1				

EPA ID Number	OM	B#: 2050-0024; Expires 12/31/2014			
12. Notification of Hazardous Secondary Material (HSM) Activity					
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?					
If "Yes", you <u>must</u> fill out the Addend Material.	dum to the Site Identification Form: Notification	for Managing Hazardous Secondary			
13. Comments					
14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).					
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)			
<b>S</b>	George Manouselakis, Secretary	04/26/2017			
	agent for client	/ / /			
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